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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET | | ET NO. CONFIRMATION NO. | |
| 10/814,730 | 03/31/2004 | | Kathleen Tyson-Quah | | 126-001 | USANB0 | 9865 | |
| TITLE OF INVENTION ASSOCIATED | METHOD OF WITH PAYME | REDUCING PAY | YMENTS RISK RANSACTIONS | , LIQUIDI | TY RISI | K, AND S | YSTEMIC RIS | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | E PREV. PAID ISSU | E FEE TO | TAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$720 | \$300 | \$0 | | \$1020 | 09/23/2008 | |
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| POINVIL, FRANTZY 3692 705-038000 | | | | | | | | |
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| Typed or printed nam | Thomas J. | Perkowski, E | Esq. | Pagistration) | v. 33. | 134 | | |

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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$720 \$300 \$0 \$1020 09/23/2008 **EXAMINER** ART UNIT **CLASS-SUBCLASS POINVIL, FRANTZY** 3692 705-038000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ₂Thomas J. Perkowski, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Esq., P.C. Number is required. listed, no name will be printed. 3. 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